

DIWS Internet Training Guide

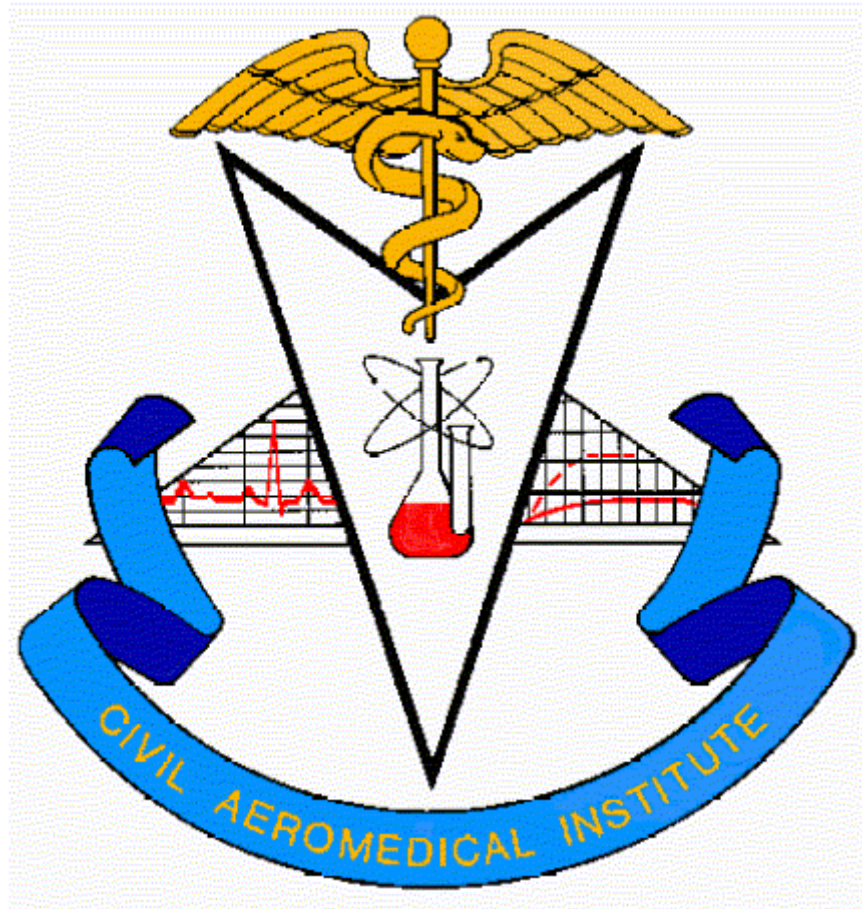


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INTRODUCTION

The Airman Medical Certification System/Document Imaging and Workflow System (AMCS/DIWS) is a complex system integrating many different applications and technologies. The AMCS/DIWS is designed to vastly improve and simplify the processing of airman certification information. One of the primary goals of the AMCS/DIWS is to allow all AMEs to enter the Form 8500-8 application information directly into the system via the Internet. The ability to enter information directly into the AMCS/DIWS database will help to improve the processing time. AMEs will be assigned an AMCS/DIWS username and password by the FAA. AMEs will access the AMCS/DIWS Internet application by connecting to the FAA Civil Aeromedical Institute (CAMI) web site <http://www.cami.jccbi.gov> and proceeding to the AMCS/DIWS Login. This document discusses the system requirements for accessing the AMCS/DIWS Internet application and provides the instructions necessary to walk the user through the data entry and submission process.

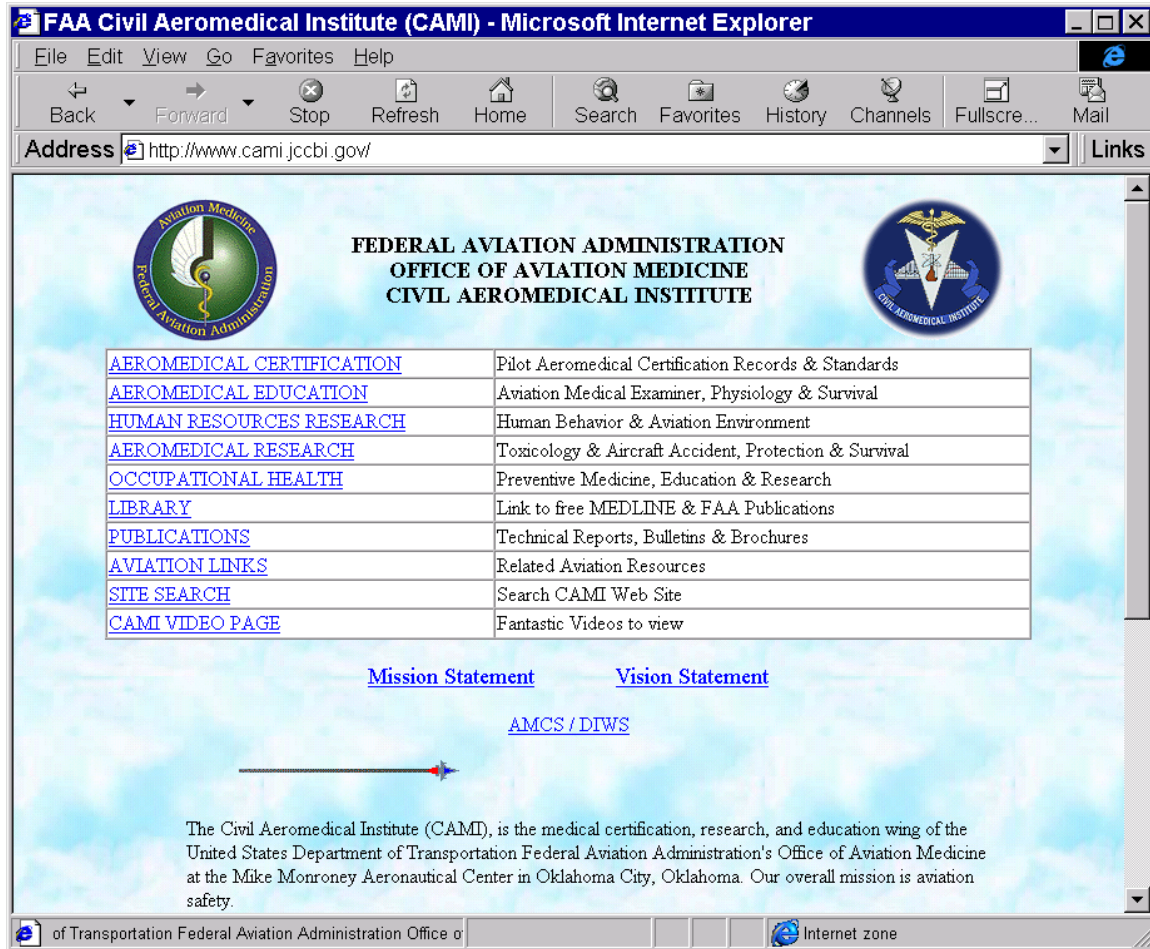
AME SYSTEM REQUIREMENTS

The AME is responsible for establishing and maintaining the Internet access for their office. This includes signing up with an Internet Service Provider (ISP) (e.g. AOL, CompuServe, etc.). While the FAA cannot endorse any particular ISP, it is recommended that the AME sign-up with one that will be able to provide Internet access at the required speeds with as few service interruptions or connection difficulties as possible. It is important to note that while the ISP and operating systems utilized are up to the user, the only web browsers that may be used are Microsoft Internet Explorer® (version 4.0 or higher) and Netscape Navigator® (version 4.0 or higher). These web browsers support the required 128-bit encryption that is utilized by the FAA as a security measure. If you do not have one of these browsers installed, you will not be granted access to the AMCS/DIWS Internet web site. These browsers are available for download from the Internet.

AMEs will also find that although their existing computer system may be able to access the AMCS/DIWS web site, performance will be greatly improved with a computer containing a faster processor (233 MHz or higher), a faster modem (preferably 56K), and additional RAM (64 – 128 MB).

AMCS/DIWS INTERNET APPLICATION

AMEs may access the AMCS/DIWS Internet application by going to the FAA CAMI web site <http://www.cami.jccbi.gov> and clicking on the AMCS/DIWS hyperlink.





When you click on the [AMCS/DIWS](#) hyperlink you will be presented with the AMCS Online Support Page. The online support page provides important notices about policy changes and update information concerning use of the application or enhancements made to the application.

AMCS Online Support Page - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscre... Mail Print Edit

Address <http://www.camj.jccbi.gov/cgi-bin/Start/amcssupport.htm> Links

 **FEDERAL AVIATION ADMINISTRATION**
OFFICE OF AVIATION MEDICINE
CIVIL AEROMEDICAL INSTITUTE 

WELCOME

Airman Medical Certification System (AMCS)
Online Support Page

*** PLEASE CHECK FOR CURRENT NOTICES OR UPDATES BEFORE LOGGING ON ***

- IMPORTANT NOTICES -

NEW 12/30/1999 It has become apparent there is strong need to clarify policy concerning the mailing in of ancillary data: This notice stands as the proper procedure, per Dr. Warren Silberman, and is to be followed by all Aviation Medical Examiners.

The **Cover Sheet** that is now provided online in the **SUPPORT** section should be used for all ancillary data that is mailed to the Certification Division regarding a transmitted exam. Failure to use this cover sheet will delay the processing of the airman's data. The cover sheet will help the Certification Division process the data more efficiently.

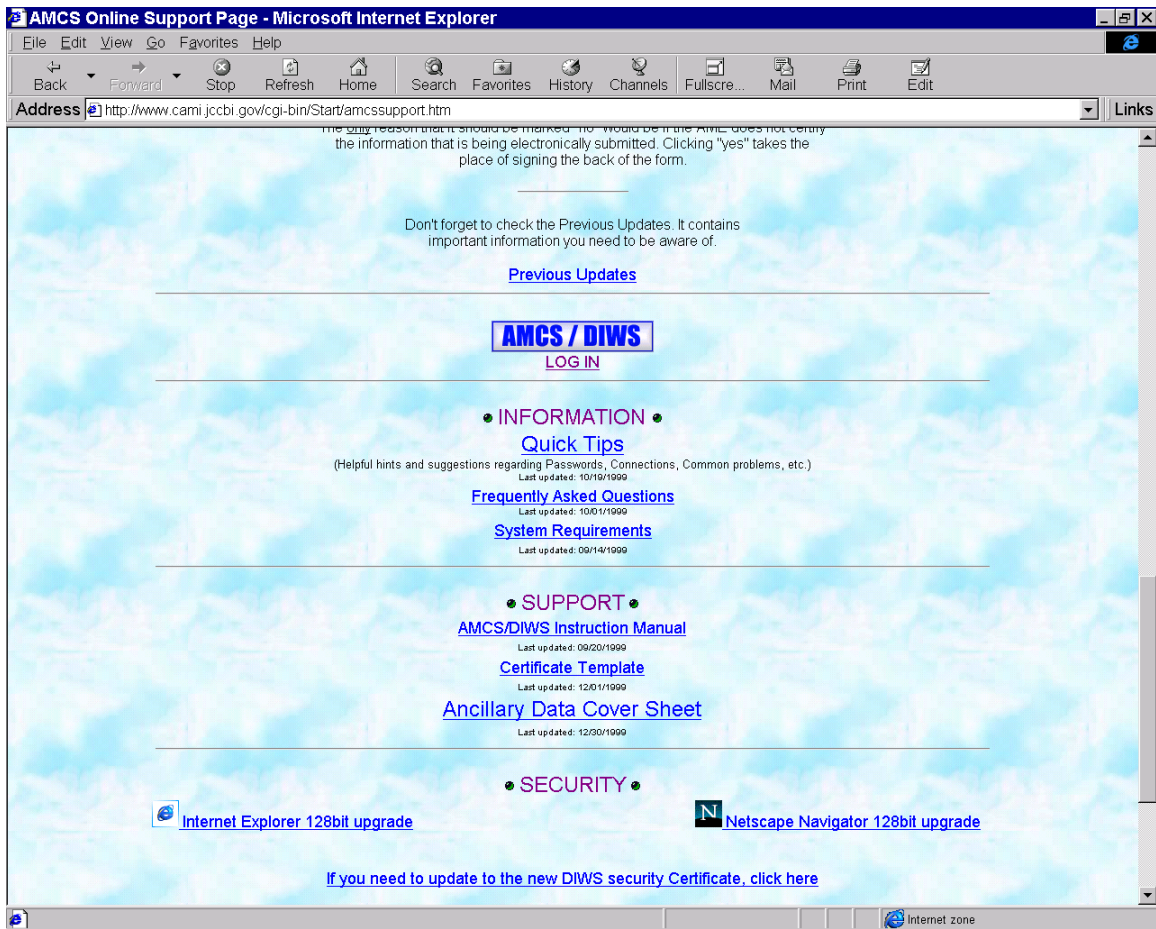
Exams should be sent in separately from Ancillary Data with one exception:
If you are deferring an airman please attach the exam to the data and mail in immediately.

NEW 12/30/1999 Please indicate the type of issuance on all hard copy exams by checking the appropriate box under item 62. The rest of the backside of the form can remain blank. Checking item 62 is a temporary step needed to assist the Certification Division in double checking the system's performance and accuracy.
You will be notified when this step is no longer required.

DO NOT CLICK MORE THAN ONCE ON THE FINISH BUTTON. Each extra click will process the exam again. When this happens you may not see your final confirmation screen. If you try to pull the airman up again and it is back to an "A" status with a current exam date, do not pull him up again, this will start a new exam. More than likely we did received the exam.
Please call or e-mail the AMCS Hotline to make sure it is here.

Internet zone

The online support page also provides an AMCS/DIWS LOGIN hyperlink and hyperlinks relating to general information, support, and security.



When you click on the [AMCS/DIWS LOG IN](#) hyperlink you may then be presented with Security Alert messages similar to the following:



Click Yes for each message and you will proceed to the 8500-8 Login Page.

8500-8 Login Page

**FAA OFFICE OF AVIATION MEDICINE
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AEROMEDICAL CERTIFICATION
8500-8 LOGIN PAGE**

IMPORTANT: Please visit the [welcome page](#) for information regarding DIWS Internet updates.

**THIS SYSTEM IS FOR OFFICIAL USE BY
AUTHORIZED PERSONNEL ONLY**

User Name:
Password:

ver. 1.4.0.0

WARNING: This is a Federal Aviation Administration (FAA) computer system. FAA systems, including all related equipment, networks, and network devices (specifically including Internet access) are provided for the processing of official U.S. Government information. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action.

All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms.

Note: This web site is best viewed using a screen resolution of 1024 x 768. If your monitor or video display adapter can not handle this resolution, you will still be able to view all of the pages. However, you will have to utilize the vertical scroll bar on the right hand side of the window in order to view any information that may be at the bottom of the screen.

At the 8500-8 Login Page, the user will enter the assigned User Name and Password and then click on the **Login** button.

The screenshot shows a Microsoft Internet Explorer window with the address bar displaying `https://162.58.25.30/cgi-bin/diws85008.exe/login`. The page title is "https://162.58.25.30/cgi-bin/diws85008.exe/login - Microsoft Internet Explorer". The browser's menu bar includes File, Edit, View, Go, Favorites, and Help. The toolbar contains Back, Forward, Stop, Refresh, Home, Search, Favorites, History, Channels, Fullscreen, and Mail. The address bar shows the URL and a Links button.

The main content area features two circular logos: the "Aviation Medicine Federal Aviation Administration" logo on the left and the "Civil Aeromedical Institute" logo on the right. The central text reads: "FAA OFFICE OF AVIATION MEDICINE", "CIVIL AEROMEDICAL INSTITUTE", "AEROMEDICAL CERTIFICATION", and "8500-8 LOGIN PAGE".

Below the logos, a red text block states: "IMPORTANT: Please visit the [welcome page](#) for information regarding DIWS Internet updates."

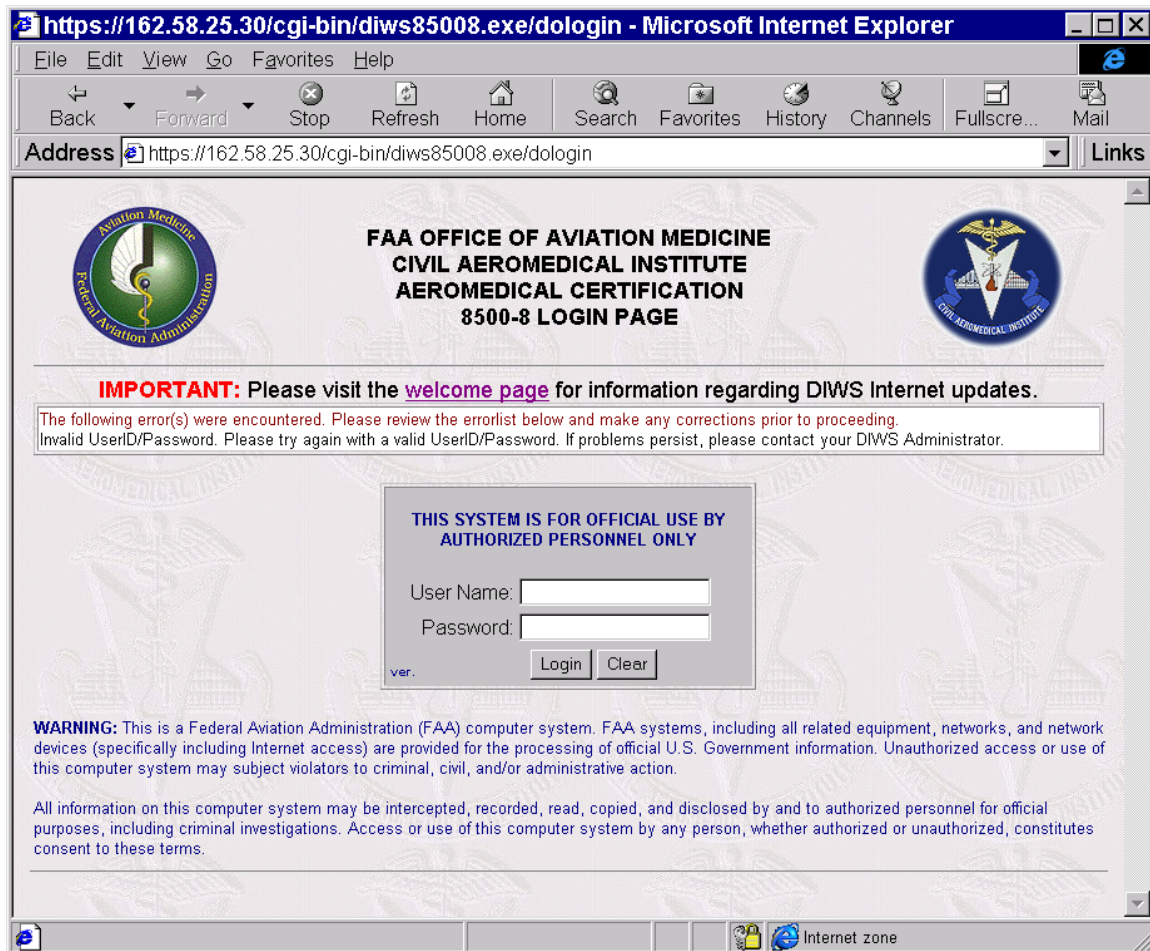
A central login box contains the text: "THIS SYSTEM IS FOR OFFICIAL USE BY AUTHORIZED PERSONNEL ONLY". It includes two input fields: "User Name:" with the text "jsmith" and "Password:" with a masked password "*****". Below the password field is the text "ver. 1.4.0.0". At the bottom of the box are "Login" and "Clear" buttons.

Below the login box, a "WARNING" section states: "This is a Federal Aviation Administration (FAA) computer system. FAA systems, including all related equipment, networks, and network devices (specifically including Internet access) are provided for the processing of official U.S. Government information. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action."

Below the warning, a paragraph states: "All information on this computer system may be intercepted, recorded, read, copied, and disclosed by and to authorized personnel for official purposes, including criminal investigations. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms."

The bottom of the browser window shows a taskbar with a clock, a status bar with a lock icon, and a label "Internet zone".

If either the User Name or Password was entered incorrectly, an error message, as shown in the window below, will inform the user of this.



Once the correct User Name and Password have been entered and verified, the user will proceed to the Airman Search Page.

Airman Search Page

The screenshot shows a web browser window titled "https://162.58.25.30/cgi-bin/diws85008.exe/searchresult - Microsoft Internet Explorer". The address bar contains the URL "https://162.58.25.30/cgi-bin/diws85008.exe/searchresult". The page header features the FAA Office of Aviation Medicine Civil Aeromedical Institute logo on the left and the Civil Aeromedical Institute logo on the right. The main heading is "FAA OFFICE OF AVIATION MEDICINE CIVIL AEROMEDICAL INSTITUTE AIRMAN SEARCH PAGE". Below the heading, an important note states: "Important: The Social Security Number is the preferred search method option. Searching by SSN will yield the most accurate results and should be utilized whenever possible." The search form includes a "Social Security Number (Numbers only):" field with the value "445702367" and a "Search by SSN" button. Below this, there are fields for "Last Name:", "First Name:", and "Date of Birth (mm/dd/yyyy):", each followed by an "and" label and a "Search by Other" button. A "Logout" button is located at the bottom left of the form area. The browser's status bar at the bottom indicates "Internet zone".

At the Airman Search Page the user may enter the applicant's Social Security Number (or Pseudo SSN) if the applicant has one. If the SSN is not provided, the user may enter the Last Name and First Name and/or Date of Birth of the applicant. Please note that you must enter at least the first initial of the applicant's first name when searching by name. For example, if Smith is entered as the last name and "F" is entered as the first name, the search will return all airmen in the database with the last name Smith and a first name that begins with "F" (e.g. Frank, Francis, Franklin, etc.). However, if Frank is entered as the first name the results will only include airmen with a first name of Frank. The more accurate the information contained in the search criteria, the more accurate the search results will be. The purpose of the Airman Search Page is to help prevent against the creation of duplicate records for an airman within the AMCS/DIWS database. It is recommended that the SSN be used as the search criteria as this will yield the most accurate results. Once you enter the SSN, click on the **Search by SSN** button. If an airman is found possessing the SSN that was entered you will be presented with the Airman Search Result Page.

Airman Search Result Page

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CIVIL AEROMEDICAL INSTITUTE
AEROMEDICAL CERTIFICATION
AIRMAN SEARCH RESULT PAGE**

☐ **Hide Demographic Information on pages 2 through 7**
By checking this box, some demographic information (i.e. Middle Name, Address, Country, Hair, Eye, etc.) will not be displayed on pages 2 through 7. All of the demographic information will be displayed on page 1 for editing/viewing purposes. Checking this box should improve page navigation performance in addition to increasing the amount of data seen on your screen. Cookies must be enabled on your browser in order for this option to work.

Selection	Last Name	First Name	Middle Name	Date of Birth	Last Exam	Status*
<input type="radio"/>	OUALLINE	JEFFREY	SCOTT	1972-07-27	1999-05-26	A
<input type="radio"/>	New Applicant (Select this option <u>ONLY</u> if no SSN matches the Airman you will be entering data for.)					

* A status of "A" (active) indicates that the given airman does not have any pending physical exams. A "P" (pending) indicates that a physical exam was started for the given airman but has yet to be submitted/approved by DIWS.

Hiding Demographic Information

The option of not displaying all of the demographic data at the top of each of the 8500-8 Data Entry pages has been provided. To hide the data, click on the ***“Hide Demographic Information on pages 2 through 7”*** check box located at the beginning of the Airman Search Result Page. By checking this box, some demographic information (i.e., Middle Name, Address, Country, Hair Color, Eye Color, etc.) will not be displayed on pages 2 through 7 of the data entry form. All of the demographic information will be displayed on page 1 for editing/viewing purposes. Checking this box should improve page navigation performance, in addition to increasing available screen viewing area.


Note: Cookies must be enabled on your browser for this option to work. This is the default setting for most web browsers. A cookie allows you to save settings for a Web page. When you check the ***“Hide Demographic Information”*** box, a cookie on your browser saves this information so that the next time you long onto a Web page, the box will be checked automatically.

https://162.58.25.30/cgi-bin/diws85008.exe/dosearch - Microsoft Internet Explorer


File Edit View Go Favorites Help

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Address https://162.58.25.30/cgi-bin/diws85008.exe/dosearch Links



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AEROMEDICAL CERTIFICATION
AIRMAN SEARCH RESULT PAGE**



☐ Hide Demographic Information on pages 2 through 7

By checking this box, some demographic information (i.e. Middle Name, Address, Country, Hair, Eye, etc.) will not be displayed on pages 2 through 7. All of the demographic information will be displayed on page 1 for editing/viewing purposes. Checking this box should improve page navigation performance in addition to increasing the amount of data seen on your screen. Cookies must be enabled on your browser in order for this option to work.

Selection	Last Name	First Name	Middle Name	Date of Birth	Last Exam	Status *
<input type="radio"/>	OUALLINE	JEFFREY	SCOTT	1972-07-27	1999-05-26	A
<input type="radio"/>	New Applicant (Select this option ONLY if no SSN matches the Airman you will be entering data for.)					

* A status of "A" (active) indicates that the given airman does not have any pending physical exams. A "P" (pending) indicates that a physical exam was started for the given airman but has yet to be submitted/approved by DIWS.

Back to Search Process Selection View Prior Exams Logout

Internet zone

Verify Airman Information

At this point you should verify the Last Name, First Name, Middle Name, and Date of Birth for the airman. If the record that is retrieved is the correct record for the airman, click on the radio button (circle) under the **Selection** column next to the Last Name. Once that radio button has been selected, click on the **Process Selection** button at the bottom of the window.

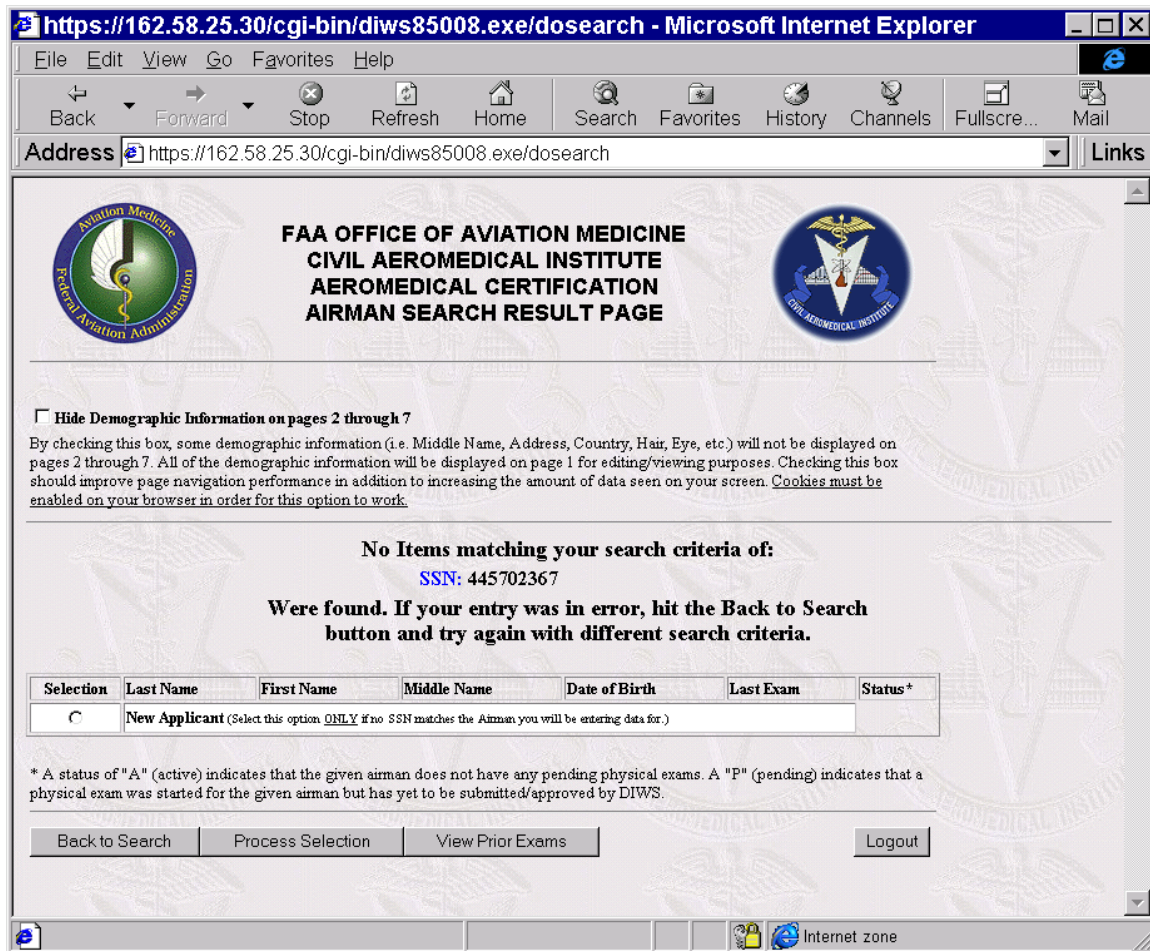
If the record that is retrieved does not match the airman whose application for which you are about to enter data, click on the **Back to Search** button and verify that you entered the correct SSN in the Airman Search Page. You should also verify with the applicant that the SSN provided on the 8500-8 application is correct. If after verifying that the correct SSN was provided and entered and the wrong airman is still retrieved, it will be necessary to mail the application to the FAA with a note briefly stating the reason that the 8500-8 information could not be transmitted.

Status 'A' vs. 'P'

At the far right of the table on the Airman Search Result Page there is a **Status** column. Whenever one or more records are retrieved they will each have a status of either 'A' or 'P'. A status of 'A' indicates that a record for the corresponding airman was located in the primary AMCS/DIWS database tables. A status of 'P' indicates that an exam was previously started for that airman but was not completed. This may be because the user's Internet connection was interrupted prematurely or the user logged out prior to completing the data entry for the application.

Please note that all of the information for an exam is stored in a temporary table until the exam is completed and transmitted successfully to the AMCS/DIWS database. *Only the person who was logged in when the exam was started will be able to select a pending (**P**) exam for further processing.* This prevents two AMEs from entering data on the same applicant.

If you need to enter 8500-8 information for an airman for whom a pending (**P**) exam already exists and was started by someone else, you must contact the AMCS Hotline for assistance at (405) 954-3238.



No Matching Records

If your search does not return any records for any existing airmen, you will be notified with a message stating so, as shown above. You should verify that the information returned in the above message was entered properly. If the information was entered incorrectly, click on the **Back to Search** button and re-enter the search criteria. If upon reviewing the information that was entered you determine that it was not entered incorrectly, you should click on the radio button (circle) under the **Selection** column next to New Applicant and click on the **Process Selection** button.

Existing Applicant vs. New Applicant

If you select an existing applicant that was retrieved during your search, when you click on the **Process Selection** button you will be taken to the first data entry page with the demographic data already loaded. It is imperative that you verify that the demographic data on the screen matches the demographic data on the 8500-8 application. If the information is different, you should enter the new information from the current 8500-8 application into the appropriate fields on the screen.

If no airman is retrieved using your search criteria, then you may select the New Applicant option and click on the **Process Selection** button. You will be taken to the first data entry page and should begin entering all of the data that is on the new 8500-8 application. All of the demographic fields will be blank because this is the first application for this applicant.

Application Processing (Data Entry)

The data entry fields are separated onto seven different pages. The following instructions will attempt to walk the user through the individual data entry fields contained on each page. The applicant's full or partial demographic information, depending on the users' preference, will be visible at the top of each of the seven data entry pages. This is intended to help the user in case they lose track of which airman's record they are processing. *(For this instructional guide, the applicant's partial demographic information is being displayed on pages 2 through 7. Fields 1 – 9 would be visible at the top portion of pages 2 through 7 if the applicant's full demographic information were being displayed.)*

Error Messages and Data Validation

When moving from one data entry screen to another, either by clicking on the **Previous Page** or **Next Page** buttons, the data that is contained on the current page is validated. If any of the required fields have not been entered or if any of the data contained in the fields is entered in an invalid format, an error message will appear informing the user as to which fields require attention. All of the required fields must be entered in the proper format before you will be allowed to proceed to another page or transmit the exam.

Internet Connection Issues

In the event that you lose Internet connectivity prior to transmitting, the information that was previously validated will be stored in the database. Any data that had not been validated must be re-entered. As an example, if you were on data entry page 3 when the Internet connection was terminated, all of the information on pages 1 and 2 will remain in the database. Therefore, upon logging back into the system you should search for the airman again and select the pending application for that airman, which will have a status of 'P'. All of the validated data will be present and you should proceed to the Data Entry screen that you were on when the Internet connection was lost and continue the data entry process.

Technical Support

For technical support questions please contact the AMCS Hotline at (405) 954-3238.

Data Entry Page 1

DIWS 8500-8 Entry Form (page 1 of 7) - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscre... Mail

Address <https://162.58.25.30/cgi-bin/diws85008.exe/searchresult> Lin

1. Applying For: ☒ Airman Medical Cert. ☐ Airman Medical and Student Pilot Cert. 2. Class Applying For: ☒ 1st ☐ 2nd ☐ 3rd

3. Last: SMITH First: JOE Middle: H Sfr:

4. SSN: 445-70-2367 ☐ International/Declined to Submit 5. Addr: 1801 PENNINGTON CIRCLE Phone: 405-769-5702

City: MIDWEST CITY State: OK Country: USA

Zip: 73130 6. DOB: 01/18/1958 (MM/DD/YYYY) 7. Hair Clr: BLONDE

8. Eye Clr: BLUE 9. Sex: ☒ Male ☐ Female

Certificate/Form Number: FF1234567 IMPORTANT: Enter the 2 letters that precede this number (ie. FF,GG,etc.). Do not enter a '-' either.

10. Certificate(s) Held:

☒ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreation

☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other

☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation: INSIDE SALES 12. Employer: HAJOCA, INC.

13. Has your FAA Medical Certificate Ever Been Denied, Suspended, or Revoked: ☐ Yes ☒ No Date:

Total Pilot Time (Civilian only, specify log. or est.) 16. Date of Last FAA Medical Application

14. To Date: 800 Log. 15. Past 6 Mos: 200 Est. ☒ No Prior Appl.

17a Do you currently use any medication (Prescription or Nonprescription): ☐ Yes ☒ No

(If yes, below list medication(s) used and check appropriate box).

Previously Reported

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

☐

17b Do You Ever Use Near Vision Contact Lens(es) While Flying? ☐ Yes ☒ No

WARNING: Do not Click on the button(s) more than once. Next Page Logout

Internet zone

Data Entry Page 1

Note: When moving from field to field you should always use the TAB key. Do not press the enter key or you may be logged out of the system prematurely.

FIELD 1.

Applying For: Click on the radio button for the type of certificate being applied for: Airman Medical Cert. or Airman Medical and Student Pilot Cert.

FIELD 2.

Class Applying For: Click on the radio button for the class of certificate being applied for: 1st, 2nd, or 3rd.

FIELD 3.

Last: Enter the applicant's last name.

First: Enter the applicant's first name.

Middle: Enter the applicant's middle name.

Suffix: Enter the applicant's name suffix if applicable. Name suffixes JR, SR, and roman numerals I through XVII only will be accepted. All punctuation should be omitted.

FIELD 4.

SSN: Enter the applicant's Social Security Number, or pseudo SSN if they would prefer not to provide their SSN.

Note: If the applicant does not have a pseudo SSN and does not wish to provide their SSN, click on the check box next to **International/Declined to Submit**. When this option is selected, a pseudo SSN will be assigned to the applicant. The applicant should be given the SSN to use on future 8500-8 applications.

FIELD 5.

Addr: Enter the applicant's street address.

Phone: Enter the applicant's phone number.

City: Enter the applicant's city.

State: Select the applicant's state from the drop down list provided, or leave blank if international.

Country: Select the applicant's country from the drop down list provided, or select Other (Unknown).

Zip: Enter the applicant's zip code.

Note: When selecting the applicant's State and Country, either a state or foreign country must be selected, but not both.

FIELD 6.

DOB: Enter the applicant's date of birth in the (MM/DD/YYYY) format. Applicant's birthday must be at least 14 years prior to today's date. The date entered must also be a valid date, no later than today's date, and no earlier than the 19th century.

FIELD 7.

Hair Clr: Select the applicant's hair color from the drop down list provided.

FIELD 8.

Eye Clr: Select the applicant's eye color from the drop down list provided.

FIELD 9.

Sex: Select either the Male or Female radio button corresponding to the applicant's sex.

Certificate/Form Number: Enter the number indicated on the medical certificate including the alpha characters (i.e., FF, GG, etc.) preceding the number. DO NOT enter the "-" between the letters and the numbers.

FIELD 10.

Certificate(s) Held: Check all that apply. If None is checked, no other boxes should be checked. If Other is checked, you must enter something into the text box to the right of the Other option.

FIELD 11.

Occupation: Enter the applicant's occupation.

FIELD 12.

Employer: Enter the applicant's employer.

FIELD 13.

Has your FAA Medical Certificate Ever Been Denied, Suspended, or Revoked? Select either the Yes or No radio button. If yes is selected, you must enter the date of the denial, suspension, or revocation in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century.

FIELD 14.

Total Pilot Time To Date: Enter the number of pilot hours (in whole numbers) to date. Select whether the hours are logged, estimated, or N/A from the drop down list provided.

FIELD 15.

Total Pilot Time Past Six Months: Enter the number of pilot hours (in whole numbers) during the past six months. Select whether the hours are logged, estimated, or N/A from the drop down list provided.

FIELD 16.

Date of Last FAA Medical Application: Enter the date of the applicant's last medical application in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century.

If this is the applicant's first application, check the No Prior Application check box.

FIELD 17a.

Do you currently use any medication (Prescription or Nonprescription): Select either the Yes or No radio button. If Yes is selected you must enter each of the medications in the boxes provided. Enter only one medication per line. For each medication listed, if the medication has been previously reported, you should check the Previously Reported check box next to the appropriate medication.

FIELD 17b.

Do you ever use near vision contact lens(es) while flying? Select either the Yes or No radio button.

To proceed to page 2 of the data entry screen click on the **Next Page** button at the bottom right of the window. A validation of the information entered on page 1 will be performed. If any errors are detected, page 1 will reappear with an error message inside a box at the top of the page as shown below. The user should make the corrections indicated in the message and click on the **Next Page** button again. If all information entered on page 1 is correct, the user will be taken to page 2 of the data entry screen.

DIWS 8500-8 Entry Form (page 1 of 7) - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscre... Mail

Address <https://162.58.25.30/cgi-bin/diws85008.exe/85008-1> Links

The following error(s) were encountered. Please review the errorlist below and make any corrections prior to proceeding.
 6. Please enter a valid date in the following format "MM/DD/YYYY". Use a "/" as the date sperator and place a "0" in front of single digit months and days.

1. Applying For: ☒ Airman Medical Cert. ☐ Airman Medical and Student Pilot Cert. 2. Class Applying For: ☒ 1st ☐ 2nd ☐ 3rd

3. Last: SMITH First: JOE Middle: H Sfx:
 4. SSN: 445-70-2367 ☐ International/Declined to Submit 5. Addr: 1801 PENNINGTON CIRCLE Phone: 405-769-5702
 City: MIDWEST CITY State: OK Country: USA
 Zip: 73130 6. DOB: 01171958 (MM/DD/YYYY) 7. Hair Ctr: BLONDE
 8. Eye Ctr: BLUE 9. Sex: ☒ Male ☐ Female

Certificate/Form Number: FF-123456 IMPORTANT: Enter the 2 letters that preceed this number (i.e. FF, G-G, etc.). Do not enter a '-' either.

10. Certificate(s) Held:
☒ None ☐ ATC Specialist ☐ Flight Instructor ☐ Recreation
☐ Airline Transport ☐ Flight Engineer ☐ Private ☐ Other
☐ Commercial ☐ Flight Navigator ☐ Student

11. Occupation: INSIDE SALES 12. Employer: HAJOCA INC.
 13. Has your FAA Medical Certificate Ever Been Denied, Suspended, or Revoked: ☐ Yes ☒ No Date:
 Total Pilot Time (Civilian only, specify log. or est.) 16. Date of Last FAA Medical Application

Internet zone

Data Entry Page 2

DIWS 8500-8 Entry Form (page 2 of 7) - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscre... Mail

Address <https://162.58.25.30/cgi-bin/diws85008.exe/85008-1> Lin

Last: **SMITH** First: **JOE** Middle: **H**
SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert., Class 1

18. Medical History	Description:	Airman Comment:
a. <input type="radio"/> Yes <input checked="" type="radio"/> No	Frequent or severe headaches	
b. <input type="radio"/> Yes <input checked="" type="radio"/> No	Dizziness or fainting spell	
c. <input type="radio"/> Yes <input checked="" type="radio"/> No	Unconsciousness for any reason	
d. <input type="radio"/> Yes <input checked="" type="radio"/> No	Eye or vision trouble except glasses	
e. <input type="radio"/> Yes <input checked="" type="radio"/> No	Hay fever or allergy	
f. <input type="radio"/> Yes <input checked="" type="radio"/> No	Asthma or lung disease	
g. <input type="radio"/> Yes <input checked="" type="radio"/> No	Heart or vascular trouble	
h. <input type="radio"/> Yes <input checked="" type="radio"/> No	High or low blood pressure	
i. <input type="radio"/> Yes <input checked="" type="radio"/> No	Stomach, liver, or intestinal trouble	
j. <input type="radio"/> Yes <input checked="" type="radio"/> No	Kidney stone or blood in urine	
k. <input type="radio"/> Yes <input checked="" type="radio"/> No	Diabetes	
l. <input type="radio"/> Yes <input checked="" type="radio"/> No	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	
m. <input type="radio"/> Yes <input checked="" type="radio"/> No	Mental disorders of any sort: depression, anxiety, etc.	
n. <input type="radio"/> Yes <input checked="" type="radio"/> No	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 5 years.	
o. <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol dependence or abuse	
p. <input type="radio"/> Yes <input checked="" type="radio"/> No	Suicide attempt	
q. <input type="radio"/> Yes <input checked="" type="radio"/> No	Motion sickness requiring medication	
r. <input type="radio"/> Yes <input checked="" type="radio"/> No	Military medical discharge	
s. <input type="radio"/> Yes <input checked="" type="radio"/> No	Medical rejection by military service	
t. <input type="radio"/> Yes <input checked="" type="radio"/> No	Rejection for life or health insurance	
u. <input type="radio"/> Yes <input checked="" type="radio"/> No	Admission to hospital	
x. <input type="radio"/> Yes <input checked="" type="radio"/> No	Other illness, disability, or surgery	
Conviction and/or Administrative Action History		
v. <input type="radio"/> Yes <input checked="" type="radio"/> No	History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug, or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program.	
w. <input type="radio"/> Yes <input checked="" type="radio"/> No	History of nontraffic conviction(s) (misdemeanors or felonies).	

Explanation:

WARNING: Do not Click on the button(s) more than once.

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FIELD 18.

Medical History: a – w. Select either the Yes or No option for each of these items. The default selection is No. Therefore, if all of the answers on the 8500-8 application are checked as No, then you do not have to select any answers. For any questions that are checked Yes on the 8500-8 application, you must enter an explanation in the **Airman Comment** box to the right of that question.

Explanation: Enter any miscellaneous explanations that may have been entered on the 8500-8 application.

To proceed to page 3 of the data entry screen click on the **Next Page** button at the bottom right of the window. A validation of the information entered on page 2 will be performed. If any errors are detected, page 2 will reappear with an error message inside a box at the top of the page as. The user should make the corrections indicated in the message and click on the **Next Page** button again. If all information entered on page 2 is correct, the user will be taken to page 3 of the data entry screen.

The following error(s) were encountered. Please review the errorlist below and make any corrections prior to proceeding.
18a. Please provide an explanation.

Last: **SMITH** First: **JOE** Middle: **H**
SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert, Class 1

18. Medical History	Description:	Airman Comment:
a. <input checked="" type="radio"/> Yes <input type="radio"/> No	Frequent or severe headaches	<input type="text"/>
b. <input type="radio"/> Yes <input checked="" type="radio"/> No	Dizziness or fainting spell	<input type="text"/>
c. <input type="radio"/> Yes <input checked="" type="radio"/> No	Unconsciousness for any reason	<input type="text"/>
d. <input type="radio"/> Yes <input checked="" type="radio"/> No	Eye or vision trouble except glasses	<input type="text"/>
e. <input type="radio"/> Yes <input checked="" type="radio"/> No	Hay fever or allergy	<input type="text"/>
f. <input type="radio"/> Yes <input checked="" type="radio"/> No	Asthma or lung disease	<input type="text"/>
g. <input type="radio"/> Yes <input checked="" type="radio"/> No	Heart or vascular trouble	<input type="text"/>
h. <input type="radio"/> Yes <input checked="" type="radio"/> No	High or low blood pressure	<input type="text"/>
i. <input type="radio"/> Yes <input checked="" type="radio"/> No	Stomach, liver, or intestinal trouble	<input type="text"/>
j. <input type="radio"/> Yes <input checked="" type="radio"/> No	Kidney stone or blood in urine	<input type="text"/>
k. <input type="radio"/> Yes <input checked="" type="radio"/> No	Diabetes	<input type="text"/>
l. <input type="radio"/> Yes <input checked="" type="radio"/> No	Neurological disorders: epilepsy, seizures, stroke, paralysis, etc.	<input type="text"/>
m. <input type="radio"/> Yes <input checked="" type="radio"/> No	Mental disorders of any sort: depression, anxiety, etc.	<input type="text"/>
n. <input type="radio"/> Yes <input checked="" type="radio"/> No	Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 5 years.	<input type="text"/>
o. <input type="radio"/> Yes <input checked="" type="radio"/> No	Alcohol dependence or abuse	<input type="text"/>

Data Entry Page 3

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Last: **SMITH** First: **JOE** Middle: **H**
 SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert. Class 1

19. Have you made visits to any health professionals within the last 3 years? ☒ Yes ☐ No

Date	Physician	Number/Street	City	State	Zip
07/15/1999	THOMAS JONES	22 MAIN STREET	OKLAHOMA CITY	OK	73135

Country	Type Professional	Reason
USA	GENERAL	CUT ON HAND
USA		
USA		
USA		

-NOTICE: Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$20,000 or imprisoned not more than 5 years or both. (18 U.S. Code Secs. 1001, 371)

20. Applicant's National Driver Register and Certifying Declarations:
 I hereby authorize the National Driver Registry (NDR), through a designated State Department of Motor Vehicles to furnish to FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment.
 Authority: 23 U.S. Code 401, Note
NOTE: All persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.
 I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Did applicant sign the form? ☒ Yes ☐ No Date: 01/03/2000

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FIELD 19.

Have you made visits to any health professionals within the last 3 years? Select either Yes or No. If Yes is selected, you must enter, at a minimum, the date (MM/DD/YYYY) of the visit and the doctor's name. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century.

The remaining fields should be entered if the airman provided the information.

FIELD 20.

Did applicant sign the form? Select either Yes or No. An error message will display if one or the other is not chosen. If the applicant signed the form, select Yes and enter the date on which the form was signed in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century. You must enter the date if Yes is selected.

To proceed to page 4 of the data entry screen click on the **Next Page** button at the bottom of the window. A validation of the information entered on page 3 will be performed. If any errors are detected, page 3 will reappear with an error message inside a box at the top of the page. The user should make the corrections indicated in the message and click on the **Next Page** button again. If all information entered on page 3 is correct, the user will be taken to page 4 of the data entry screen.

To proceed to page 4 of the data entry screen click on the **Next Page** button at the bottom of the window. A validation of the information entered on page 3 will be performed. If any errors are detected, page 3 will reappear with an error message inside a box at the top of the page as shown below. The user should make the corrections indicated in the message and click on the **Next Page** button again. If all information entered on page 3 is correct, the user will be taken to page 4 of the data entry screen.

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The following error(s) were encountered. Please review the errorlist below and make any corrections prior to proceeding.
 19. Please enter a valid date in the following format "MM/DD/YYYY". Use a "/" as the date separator and place a "0" in front of single digit months and days.
 19. Please enter the physicians name.
 20. Please enter a valid date in the following format "MM/DD/YYYY". Use a "/" as the date separator and place a "0" in front of single digit months and days.

Last: SMITH First: JOE Middle: H
 SSN: 445.70.2367 DOB: 01/18/1958 Airman Med. Cert. Class 1

19. Have you made visits to any health professionals within the last 3 years? ☒ Yes ☐ No

Date	Physician	Number/Street	City	State	Zip
		22 MAIN STREET	OKLAHOMA CITY	OK	73135

Country	Type Professional	Reason
USA	GENERAL	CUT ON HAND
USA		
USA		
USA		

-NOTICE-
 Whoever in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or who makes any false, fictitious or fraudulent statements or representations, or entry, may be fined up to \$250,000 or imprisoned not more than 5 years or both.
 (18 U.S. Code Secs. 1001, 3571)

20. Applicant's National Driver Register and Certifying Declarations:
 I hereby authorize the National Driver Registry (NDR), through a designated State Department of Motor Vehicles to furnish to FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment.
 Authority: 23 U.S. Code 401, Note.
NOTE: All persons using this form must sign it. NDR consent, however does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.
 I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of any FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Did applicant sign the form? ☒ Yes ☐ No Date:

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Last: SMITH **First: JOE** **Middle: H**
SSN: 445-70-2367 **DOB: 01/18/1958** **Airman Med. Cert, Class 1**

21. Height (in.) **22. Weight (lbs.)** **23. Statement of Demonstrated Ability (SODA)** ☐ Yes ☒ No **24. Soda Serial#**

Defect Noted:

		AME NOTES
25. Head, face, neck, and scalp	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
26. Nose	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
27. Sinuses	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
28. Mouth and throat	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
29. Ears, general (external and external canals, Hearing under item 49)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
30. Ear Drums(perforation)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
31. Eyes, general(vision under items 50 and 54)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
32. Ophthalmoscopic	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
33. Pupils(equality and reaction)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
34. Ocular mobility(associated parallel movement, nystagmus)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
35. Lungs and chest(not including breast examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
36. Heart(precordial activity, rhythm, sounds, and murmurs)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
37. Vascular system(pulse, amplitude and character; arms, legs, others)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
38. Abdomen and viscera(including hernia)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
39. Anus(not including digital examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
40. Skin	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
41. G-U system (not including pelvic examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
42. Upper and lower extremities(strength and range of motion)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
43. Spine, other musculoskeletal	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
44. Identifying body marks, scars, tattoos(size and location)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
45. Lymphatics	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
46. Neurologic(tendon reflexes, equilibrium, senses, cranial nerves, coordination, etc.)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
47. Psychiatric(appearance, behavior, mood, communication, and memory)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
48. General systemic	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>

Additional Notes:

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FIELD 21.

Height (in.): Enter the applicant's height in inches. A valid height between 36 and 90 inches only will be accepted.

FIELD 22.

Weight (lbs.): Enter the applicant's weight in pounds. A valid weight between 75 and 450 pounds only will be accepted.

FIELD 23.

Statement of Demonstrated Ability (SODA): Select either the Yes or No option. If Yes is selected, you must enter the SODA number in Field 24, SODA Serial #.

FIELD 24.

SODA Serial #: Enter the SODA Serial number.

Defect Noted: Enter any defects noted.

FIELDS 25 – 48.

Select Normal or Abnormal for each of these items. Normal is selected by default. For any item that Abnormal is selected you must enter an explanation in the **AME Notes** column next to the appropriate item.

Additional Notes: This section is provided for any additional notes that the AME may want to include.

Important: For female applicants, items 39 and 41 will not have a default selection. The AME is not required to answer these two questions.

To proceed to page 5 of the data entry screen click on the **Next Page** button at the bottom of the window. A validation of the information entered on page 4 will be performed. If any errors are detected, page 4 will reappear with an error message inside a box at the top of the page. The user should make the corrections indicated in the message and click on the **Next Page** button again. If all information entered on page 4 is correct, the user will be taken to page 5 of the data entry screen.

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The following error(s) were encountered. Please review the errorlist below and make any corrections prior to proceeding.

21. Please enter a valid Height.
23. Please enter a valid SODA serial number consisting of 8 characters.
26. Please provide an explanation.

Last: **SMITH** First: **JOE** Middle: **H**
SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert., Class 1

21. Height (in.) 22. Weight (lbs.) 23. Statement of Demonstrated Ability (SODA) 24. Soda Serial#

200 ☒ Yes ☐ No

Defect Noted:

25. Head, face, neck, and scalp	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	AME NOTES
26. Nose	<input type="radio"/> Normal <input checked="" type="radio"/> Abnormal	<input type="text"/>
27. Sinuses	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
28. Mouth and throat	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
29. Ears, general (external and external canals, Hearing under item 49)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
30. Ear Drums(perforation)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
31. Eyes, general(vision under items 50 and 54)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
32. Ophthalmoscopic	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
33. Pupils(equality and reaction)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
34. Ocular mobility(associated parallel movement, nystagmus)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>
35. Lungs and chest(not including breast examination)	<input checked="" type="radio"/> Normal <input type="radio"/> Abnormal	<input type="text"/>

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Data Entry Page 5

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Last: **SMITH** First: **JOE** Middle: **H**
SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert, Class 1

49. Hearing
Conversational Voice at 6 Ft. **Audiometer (Threshold in Decibels)**
☒ Pass ☐ Fail
Speech Discrimination:
Right 300: Right 1000: Right 2000: Right 3000: Right 4000:
Left 300: Left 1000: Left 2000: Left 3000: Left 4000:

50. Distant Vision **51. Near Vision** **51b. Intermediate Vision**
Right 20': Right Corrected to 20': Right 20': Right Corrected to 20': Right 20': Right Corrected to 20':
Left 20': Left Corrected to 20': Left 20': Left Corrected to 20': Left 20': Left Corrected to 20':
Both 20': Both Corrected to 20': Both 20': Both Corrected to 20': Both 20': Both Corrected to 20':

52. Color Vision **53. Field of Vision** **54. Heterophoria 20'**
☒ Pass ☐ Fail ☒ Normal ☐ Abnormal Esophoria: Exophoria: R Hyperphoria: L Hyperphoria:

55. Blood Pressure: **56. Pulse:** **57. Urinalysis (if abnormal, give results)**
Systolic: Diastolic: ☒ Normal ☐ Abnormal Albumin: Sugar:

58. ECG Date:

WARNING: Do not Click on the button(s) more than once.

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FIELD 49.

Hearing: Conversational Voice at 6ft. Select either Pass or Fail and fill in the Speech Discrimination result. Pass is selected by default.

Audiometer (Threshold in Decibels): Fill in the Audiometer results in the boxes provided. May be left blank if not tested.

FIELD 50.

Distant Vision: Enter the distance vision results in the appropriate boxes.

FIELD 51a.

Near Vision: Enter the near vision results in the appropriate boxes.

FIELD 51b.

Intermediate Vision: Enter the intermediate vision results in the appropriate boxes.

FIELD 52.

Color Vision: Select either Pass or Fail as appropriate. Pass is selected by default.

FIELD 53.

Field of Vision: Select either Normal or Abnormal as appropriate. Normal is selected by default.

FIELD 54.

Heterophoria 20': Enter the Heterphoria test results in the boxes provided. Values must be entered in whole numbers only.

FIELD 55.

Blood Pressure: Enter the Systolic and Diastolic blood pressure readings in the boxes provided.

FIELD 56.

Pulse: Enter the pulse reading in the appropriate box.

FIELD 57.

Urinalysis (if abnormal, give results): Select Normal or Abnormal as appropriate. Normal is selected by default. If Abnormal is selected, you must enter the Albumin and Sugar results. You may enter Albumin and Sugar results for normal urinalysis if desired.

FIELD 58.

ECG Date: Enter the date of the applicant's most recent ECG, if appropriate in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century.

To proceed to page 6 of the data entry screen click on the **Next Page** button at the bottom of the window. A validation of the information entered on page 5 will be performed. If any errors are detected, page 5 will reappear with an error message inside a box at the top of the page. The user should make the corrections indicated in the message and click on the **Next Page** button again. If all information entered on page 5 is correct, the user will be taken to page 6 of the data entry screen.

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The following error(s) were encountered. Please review the errorlist below and make any corrections prior to proceeding.
 57. Please enter albumin and sugar value.

Last: **SMITH** First: **JOE** Middle: **H**
 SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert, Class 1

49. Hearing
 Conversational Voice at 6 Ft. **Audiometer (Threshold in Decibels)**
☒ Pass ☐ Fail
 Right 500: Right 1000: Right 2000: Right 3000: Right 4000:
 Left 500: Left 1000: Left 2000: Left 3000: Left 4000:
 Speech Discrimination:

50. Distant Vision **51. Near Vision** **51b. Intermediate Vision**
 Right 20/: Right Corrected to 20/: Right 20/: Right Corrected to 20/: Right 20/: Right Corrected to 20/:
 Left 20/: Left Corrected to 20/: Left 20/: Left Corrected to 20/: Left 20/: Left Corrected to 20/:
 Both 20/: Both Corrected to 20/: Both 20/: Both Corrected to 20/: Both 20/: Both Corrected to 20/:

52. Color Vision **53. Field of Vision** **54. Heterophoria 20'**
☒ Pass ☐ Fail ☒ Normal ☐ Abnormal Esophoria: Exophoria: R. Hyperphoria: L. Hyperphoria:

55. Blood Pressure: **56. Pulse:** **57. Urinalysis (if abnormal, give results)**
 Systolic: Diastolic: ☐ Normal ☒ Abnormal Albumin: Sugar:

58. ECG Date:

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Last: **SMITH** First: **JOE** Middle: **H**
SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert. Class **1**

59. Other Tests:

60. Comments on History:

Significant Medical History: ☐ Yes ☒ No Abnormal Physical Findings: ☐ Yes ☒ No

62. Certificate Status

☒ Medical Certificate ☐ No Certificate Issued - Deferred for Further Evaluation

☐ Medical and Student Pilot Certificate ☐ Has Been Denied - Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects:

64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Medical Exam Date: AME Declaration: ☒ Yes ☐ No AME Declaration Date:

WARNING: Do not Click on the button(s) more than once.

FIELD 59.

Other Tests: Enter any other tests as appropriate in the box provided.

FIELD 60.

Comments on History: Enter any comments on the applicant's medical history.

Significant Medical History: Select Yes or No as appropriate.

Abnormal Physical Findings: Select Yes or No as appropriate.

FIELD 62.

Certificate Status: Select either Medical Certificate, Medical and Student Pilot Certificate, No Certificate Issued, or Has Been Denied as appropriate. The applicant must meet the minimum age requirement (16 years) in order for a Medical and Student Pilot Certificate to be issued.

FIELD 63.

Disqualifying Defects: Enter any disqualifying defects noted during the examination in the box provided.

FIELD 64.

Medical Examiner's Declaration:

Medical Exam Date: Enter the date of the examination in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century.

AME Declaration: Select Yes or No as appropriate. Yes indicates that the AME has read the declaration and has signed the 8500-8 application. If Yes is selected, the AME Declaration Date must be entered.

AME Declaration Date: Enter the date upon which the AME signed the declaration in the (MM/DD/YYYY) format. The date entered must be a valid date, no later than today's date, and no earlier than the 19th century.

To proceed to page 7 of the data entry screen click on the **Next Page** button at the bottom of the window. A validation of the information entered on page 6 will be performed. If any errors are detected, page 6 will reappear with an error message inside a box at the top of the page. The user should make the corrections indicated in the message and click on the **Next Page** button again. If all information entered on page 6 is correct, the user will be taken to page 7 of the data entry screen if appropriate.

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The following error(s) were encountered. Please review the errorlist below and make any corrections prior to proceeding.

64. Please enter a valid date in the following format "MM/DD/YYYY". Use a "/" as the date separator and place a "0" in front of single digit months and days.

64. Please enter a valid date in the following format "MM/DD/YYYY". Use a "/" as the date separator and place a "0" in front of single digit months and days.

Last: **SMITH** First: **JOE** Middle: **H**
SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert., Class **1**

59. Other Tests:

60. Comments on History:

Significant Medical History: ☒ Yes ☐ No Abnormal Physical Findings: ☒ Yes ☐ No

62. Certificate Status

☒ Medical Certificate ☐ No Certificate Issued - Deferred for Further Evaluation

☐ Medical and Student Pilot Certificate ☐ Has Been Denied - Letter of Denial Issued (Copy Attached)

63. Disqualifying Defects:

64. Medical Examiner's Declaration - I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachment embodies my findings completely and correctly.

Medical Exam Date: AME Declaration: ☒ Yes ☐ No AME Declaration Date:

WARNING: Do not Click on the button(s) more than once.

Previous Page Next Page Logout

Internet zone

Data Entry Page 7

If *No Certificate Issued* or *Has Been Denied* (Field 62) was selected on Page 6, the following screen will be displayed. If data entry is complete click on the **Submit** button to transmit the 8500-8 application information to the AMCS/DIWS database. If any changes are necessary, click on the **Previous Page** button to return to the appropriate page and make the changes. Then return to page 7 to transmit the exam.

DIWS 8500-8 Entry Form (page 7 of 7) - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscre... Mail

Address <https://162.58.25.30/cgi-bin/diws85008.exe/85008-6> Links

Last: **SMITH** First: **JOE** Middle: **H**
SSN: **445-70-2367** DOB: **01/18/1958** Airman Med. Cert., Class 1

WARNING: Do not Click on the button(s) more than once.

[Previous Page](#) [Submit](#) [Logout](#)

Internet zone

If *Medical Certificate* or *Medical & Student Pilot Certificate* (Field 62) was selected on Page 6, the following screen will be displayed:

The screenshot shows a web browser window titled "DIWS 8500-8 Entry Form (page 7 of 7) - Microsoft Internet Explorer". The address bar shows "https://162.58.25.30/cgi-bin/diws85008.exe/85008-6". The form contains the following information:

Personal Information:

- Last: SMITH, First: JOE, Middle: H
- SSN: 445-70-2367, DOB: 01/18/1958
- Airman Med. Cert., Class 1

Medical Certificate Information:

- UNITED STATES OF AMERICA, Department of Transportation, Federal Aviation Administration
- FF1234567
- MEDICAL CERTIFICATE FIRST CLASS

Medical Details:

- This certifies that (Full name and address):
JOE H SMITH
1801 PENNINGTON CIRCLE
MIDWEST CITY, OK 73130
- Date of Birth: 01/18/1958, Ht: 74, Wt: 200, Hair: BLONDE, Eyes: BLUE, Sex: M
- has met the medical standards prescribed in Part 67, Federal Aviation Regulations, for this class of Medical Certificate.

Limitations:

- Valid for 9 months following the month examined.
- 10 empty rows for additional limitations.

Examination Information:

- Date of Examination: 01/03/2000
- Examiner's Serial No.: 00029

Buttons: Previous Page, Submit, Logout

Warning: WARNING: Do not Click on the button(s) more than once.

Medical Certificate Class: Select the appropriate classification granted from the drop down list provided.

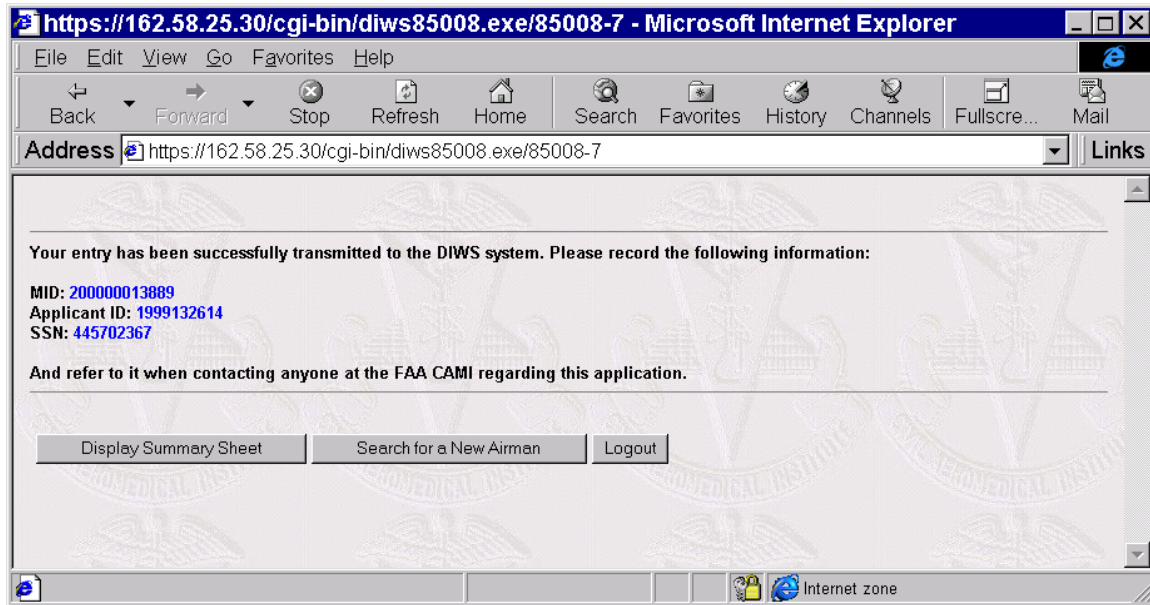
Limitations: From the drop down list provided at the end on each line, select the appropriate limitation. Only one limitation may be selected for each line. You may enter up to 10 limitations.

If data entry is complete click on the **Submit** button to transmit the 8500-8 application information to the AMCS/DIWS database. If any changes are necessary, click on the **Previous Page** button to return to the appropriate page and make the changes. Then return to page 7 to transmit the exam.

Transmitting Exams

Once all of the necessary data has been entered and the **Submit** button at the bottom of Data Entry Page 7 has been selected, if all of the data passes the final validation stage, the following window will appear. A message indicating that your entry has been successfully transmitted to the AMCS/DIWS will be displayed along with a Medical Identification (MID) number, Applicant ID Number, and applicant's SSN.

The MID number uniquely identifies this examination within the AMCS/DIWS. The Applicant ID uniquely identifies the individual within the AMCS/DIWS database. These numbers should be included on all correspondence associated with this application as it will allow the FAA to quickly locate an airman's record.



At this point you may either log out of the system by clicking on the **Logout** button, return to the search page by clicking on the **Search for a New Airman** button, or view a summary of the information entered by clicking on the **Display Summary Sheet** button.

Display Summary Sheet

When the **Display Summary Sheet** button is selected the following window displaying a summary page will appear.

Aeromed Report - Microsoft Internet Explorer

File Edit View Go Favorites Help

Back Forward Stop Refresh Home Search Favorites History Channels Fullscre... Mail Print Edit

Address <https://162.58.25.30/cgi-bin/diws85008.exe/logout>

MTD: 20000013889 Appl. ID: 1999121614 1. Appl. for: [X] Airman Med. Cert. [] Airman Med. and Student Pilot Cert.

2. Class of Med. Cert. Applied [X] 1st [] 2nd [] 3. Last: **SMITH** First: **JOE** Middle: **H** 4. SSN: **443-70-2867**

5. Address: **1801 PENNINGTON CIRCLE** City: **ADAMS CITY** St: **OK** / Cou.: **USA** Zip: **73130** Tel: **405-788-3702**

6. DOB: **01/18/1951** Citizenship: 7. Mar. Ch: **SINGLE** 8. Eye Ch: **BLU** 9. Sex: **male**

10. Type of Airman Certificate(s) You Hold: [X] Private [] Student [] Other [] Commercial [] ATC Specialist [] Flight Instructor [] Recreational [] Airline Transport [] Flight Navigator [] Flight Engineer [] Private

11. Occupation: **PAID SALES** 12. Employer: **HATCO, INC.**

13. Has Your FAA Airman Medical Certificate Ever Been Denied, Suspended, or Revoked? [] Yes [X] No If Yes, give Date

Total Pilot Time (Civilian Only) 14. To Date: **800** 15. Past 6 months: **200** 16. Date of Last FAA Medical Application [X] No Prior Application

17. a. Do You Currently Use Any Medication (Prescription or Nonprescription)? [X] No [] Yes (If Yes, below list medication(s) used. Prev. Reported (Y/N))

17. b. Do You Ever Use Near Vision Contact Lens(es) While Flying? [] Yes [X] No

18. Medical History -- HAVE YOU EVER IN YOUR LIFE BEEN DIAGNOSED WITH, HAD, OR DO YOU PRESENTLY HAVE ANY OF THE FOLLOWING? Answer "Yes" or "No" for every condition listed below. In the EXPLANATIONS box below, you may note "PREVIOUSLY REPORTED, NO CHANGE" only if the explanation of the condition was reported on a previous application for an airman medical certificate and there has been no change in your condition.

Condition	Yes	Condition	Yes	Condition	Yes	Condition	Yes
a. Frequent or severe headaches	[]	g. Heart or vascular trouble	[]	m. Mental disorders of any sort, depression, anxiety, etc.	[]	r. Military medical discharges	[]
b. Dizziness or spinning spell	[]	h. High or low blood pressure	[]	n. Substance dependence or failed a drug test ever, or substance abuse or use of illegal substance in the last 2 years	[]	s. Medical rejection by military service	[]
c. Unconsciousness for any reason	[]	i. Stomach, liver, or intestinal trouble	[]	o. Alcohol dependence or abuse	[]	t. Rejection for life or health inst.	[]
d. Eye or vision trouble, except glasses	[]	j. Kidney stone or blood in urine	[]	p. Suicide attempt	[]	u. Admission to hospital	[]
e. Hay fever or allergy	[]	k. Diabetes	[]	q. Motion sickness requiring medication	[]	x. Other illness, or disability, or surgery	[]
f. Asthma or lung diseases	[]	l. Neurological disorders, epilepsy, seizures, stroke, paralysis, etc.	[]				

Concussion and/or Administrative Action History [] Yes [X] No

v. History of (1) any conviction(s) involving driving while intoxicated by, while impaired by, or while under the influence of alcohol or a drug, or (2) history of any conviction(s) or administrative action(s) involving an offense(s) which resulted in the denial, suspension, cancellation, or revocation of driving privileges or which resulted in attendance at an educational or a rehabilitation program. []

w. Non-traffic conviction(s) (misdemeanor or felony). []

Explanations: []

19. Visits to Health Professional Within Last 3 Years

Date	Name	Street	City	St	Zip	Country	Type	Reason
07/15/1999	THOMAS JONES	22 MAIN STREET	OKLAHOMA CITY	OK	73133	USA	GENERAL	CUT ON ROAD

20. Applicant's National Driver Register and Certifying Declaration:

I hereby authorize the National Driver Registry (NDR), through a designated State Department of Motor Vehicles to furnish to FAA information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in application. Upon my request, the FAA shall make the information received from the NDR, if any, available for my review and written comment. Authority: 25 U.S. Code 401, Note.

NOTE: All persons using this form must sign it. NDR consent, however, does not apply unless this form is used as an application for Medical Certificate or Medical Certificate and Student Pilot Certificate.

I hereby certify that all statements and answers provided by me on this application form are complete and true to the best of my knowledge, and I agree that they are to be considered part of the basis for issuance of my FAA certificate to me. I have also read and understand the Privacy Act statement that accompanies this form.

Signature of Applicant _____ Date: 01/03/2000

REPORT OF MEDICAL EXAMINATION

21. Height (inches) 74 22. Weight (pounds) 200 23. Statement of Demonstrated Ability (SODA) 24. SODA Serial Number

Check Each Item in Appropriate Column

Abnormal	Normal	Check Each Item in Appropriate Column	Abnormal	Normal
25. Head, Face, Neck, and scalp	[X]	37. Vascular system	[X]	
26. Nose	[X]	38. Abdomen and viscera (including hernia)	[X]	
27. Ears	[X]	39. Anus (Not including digital examination)	[X]	
28. Mouth and throat	[X]	40. Skin	[X]	
29. Ears, general (internal and external canals; hearing under Exam 49)	[X]	41. G-U system (Not including pelvic examination)	[X]	
30. Eye exams (Refraction)	[X]	42. Upper and lower extremities (Strength and range of motion)	[X]	
31. Eyes, general (Vision under Exam 50 to 54)	[X]	43. Spine, other musculoskeletal	[X]	
32. Ophthalmoscopic	[X]	44. Identifying body marks, scars, tattoos (Size and location)	[X]	
33. Pupils (Equality and reaction)	[X]	45. Lymphatics	[X]	
34. Ocular motility (Associated parallel movement, nystagmus)	[X]	46. Neurologic (Tendon reflexes, equilibrium, reflexes, cranial nerves, coordination, etc.)	[X]	
35. Lungs and chest (Not including breast examination)	[X]	47. Psychiatric (Appearance, behavior, mood, comm., and mem.)	[X]	
36. Heart (Precordial activity, rhythm, sounds, and murmurs)	[X]	48. General systemic	[X]	

NOTES Describe every abnormality in detail. Enter applicable times after each comment.

49. Hearing Commercial Voice Test at 6 feet [X] Pass [] Fail Record Audiometric Speech Discrimination Score 4

Audiometer	Right Ear	Left Ear
(Threshold in decibels)	500 1000 2000 3000 4000 10 10 10 10 10	500 1000 2000 3000 4000 10 10 10 10 10

50. Distance Vision Right 20/200 Corrected to 20/200 51. Near Vision Right 20/200 Corrected to 20/200 51b. Intermediate Vision - 32 inches Right 20/200 Corrected to 20/200 52. Color Vision [X] Pass [] Fail

53. Field of Vision Right 20/200 Corrected to 20/200 Left 20/200 Corrected to 20/200 Both 20/200 Corrected to 20/200

54. Heterophoria 20/200 (in prism diopters) Esophoria Esophoria Right Hypophoria Left Hypophoria

55. Blood Pressure (Systolic Diastolic (Resting) (If abnormal, give results)) 110 65 70 [X] Normal [] Abnormal

56. Pulse 57. Urinalysis [X] Normal [] Abnormal

58. ECG (Date) 01/03/2000

59. Other Tests Given NONE

60. Comments on History and Findings: AME shall comment on all "YES" answers in the Medical History section and for abnormal findings of the examination. (Attach all consultation reports, ECGs, X-rays, etc. to this report before mailing.)

Interpretation 1: Failed for 9 months following the month examined NONE

61. Applicant's Name SMITH, JOE H 62. Has been issued -- [X] Med. Cert. [] Med. and Student Pilot Cert. [] No Certificate Issued - Deferred for Further Evaluation [] Has Been Denied - Letter of Denial Issued (Copy attached)

63. Disqualifying Defects (List by item number) NONE

64. Medical Examiner's Declaration: I hereby certify that I have personally reviewed the medical history and personally examined the applicant named on this medical examination report. This report with any attachments and this my findings completely and correctly.

Date of Examination 01/03/2000 Aviation Medical Examiner's Name SHERMAN WARENS, Certificate/Exam No. FF1234567

Street: FAA CERTIFICATION DIVISION, PO BOX 25082 City: OKLAHOMA CITY State: OK Zip: 731250000 AME Serial Number 00029 AME Telephone 405-934-7788

You may view and/or print the summary page for record keeping purposes. When printing, the left and right margins should be set at .50 inches. This may be done by clicking on **Page Setup** under the **File** menu on the browser window. Also, for improved readability, you should enable printing of background colors and images. This is the default setting for Netscape. However, to enable this option in Internet Explorer, you must click on the **View** menu and click on **Internet Options**. Then click on the **Advanced** tab and scroll down to the **Printing** section. Click on the **Print Background Colors and Images** check box to enable this option. You may choose to save the summary page on your computer for later viewing and/or printing.

At this point you should click on the **Back** button at the top of the browser window to return to screen displaying the exam transmittal information. Once you have returned to this screen, you may either log out of the system by clicking on the **Logout** button or return to the search page by clicking on the **Search for a New Airman** button.